



INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

We make Indiana a cleaner, healthier place to live.

Frank O'Bannon
Governor

Lori F. Kaplan
Commissioner

July 2, 2003

100 North Senate Avenue
P. O. Box 6015
Indianapolis, Indiana 46206-6015
(317) 232-8603
(800) 451-6027
www.IN.gov/idem

TO: Interested Parties / Applicant

RE: **TYSON FOODS 017-17771-00034**

FROM: Paul Dubenetzky
Chief, Permits Branch
Office of Air Quality

Notice of Decision - Approval

Please be advised that on behalf of the Commissioner of the Department of Environmental Management, I have issued a decision regarding the enclosed matter. Pursuant to 326 IAC 2, this approval was effective immediately upon submittal of the application.

If you wish to challenge this decision, IC 4-21.5-3-7 requires that you file a petition for administrative review. This petition may include a request for stay of effectiveness and must be submitted to the Office Environmental Adjudication, ISTA Building, 150 W. Market Street, Suite 618, Indianapolis, IN 46204, **within eighteen (18) calendar days from the mailing of this notice**. The filing of a petition for administrative review is complete on the earliest of the following dates that apply to the filing:

- (1) the date the document is delivered to the Office of Environmental Adjudication (OEA);
- (2) the date of the postmark on the envelope containing the document, if the document is mailed to OEA by U.S. mail; or
- (3) The date on which the document is deposited with a private carrier, as shown by receipt issued by the carrier, if the document is sent to the OEA by private carrier.

The petition must include facts demonstrating that you are either the applicant, a person aggrieved or adversely affected by the decision or otherwise entitled to review by law. Please identify the permit, decision, or other order for which you seek review by permit number, name of the applicant, location, date of this notice and all of the following:

- (1) the name and address of the person making the request;
- (2) the interest of the person making the request;
- (3) identification of any persons represented by the person making the request;
- (4) the reasons, with particularity, for the request;
- (5) the issues, with particularity, proposed for considerations at any hearing; and
- (6) identification of the terms and conditions which, in the judgment of the person making the request, would be appropriate in the case in question to satisfy the requirements of the law governing documents of the type issued by the Commissioner.

If you have technical questions regarding the enclosed documents, please contact the Office of Air Quality, Permits Branch at (317) 233-0178. Callers from within Indiana may call toll-free at 1-800-451-6027, ext. 3-0178.

Enclosures



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July 2, 2003

Ms. Rechelle Hollowaty
Tyson Foods, Inc.
800 Stevens Port Dr., Suite DD709
Dakota Dunes, South Dakota 57049-8709

Re: 017-17771-00034
Second Administrative Amendment to
Part 70 T017-7369-00034

Dear Ms. Hollowaty:

IBP, Inc. was issued a permit on May 3, 2001 for a stationary meat packaging and rendering plant. A letter requesting a change to the operating name of the Logansport facility was received May 29, 2003. Pursuant to the provisions of 2-7-11(a)(2) the permit is hereby administratively amended as follows:

Effective May 1, 2003, IBP, Inc., changed their operating name to Tyson Fresh Meats, Inc. at the Logansport facility. Tyson Fresh Meats, Inc. will continue to function as a wholly owned subsidiary of Tyson Foods, Inc. (parent company). Ownership and Responsible Official will not change

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,
Original signed by
Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Replacement Pages
PD/gkf

cc: File - Cass County
Cass County Health Department
Air Compliance Section Inspectors - Dave Rice
Compliance Data Section - Karen Ampil
Permit Review Section 1 - Gary Freeman
Air Programs - Chet Bohannon



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PART 70 OPERATING PERMIT OFFICE OF AIR QUALITY

**Tyson Fresh Meats, Inc.
Hwy. 35 & 25 Bypass
Logansport, Indiana 46947**

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

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|--|--|
| Operation Permit No.: T017-7369-00034 | |
| Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality | Issuance Date: May 3, 2001 Expiration Date: May 3, 2006 |

First Administrative Amendment 017-14945-00034, issued October 9, 2001

| | |
|--|---|
| Second Administrative Amendment: 017-17771-00034 | Page Affected: 34, 35, 36, 37,38 and 39 |
| Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality | Issuance Date: July 2, 2003 |

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: Tyson Fresh Meats, Inc,
Source Address: Hwy. 35 & 25 Bypass, Logansport, IN
Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710
Part 70 Permit No.: T017-7369-00034

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

☒ Annual Compliance Certification Letter

- ☐ Test Result (specify) _____
- ☐ Report (specify) _____
- ☐ Notification (specify) _____
- ☐ Affidavit (specify) _____
- ☐ Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**PART 70 OPERATING PERMIT
EMERGENCY OCCURRENCE REPORT**

Source Name: Tyson Fresh Meats, Inc.
Source Address: Hwy. 35 & 25 Bypass, Logansport, IN
Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710
Part 70 Permit No.: T017-7369-00034

This form consists of 2 pages

Page 1 of 2

- 9** 1. This is an emergency as defined in 326 IAC 2-7-1(12)
- C** The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); and
 - C** The Permittee must submit notice by mail or facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:

Control Equipment:

Permit Condition or Operation Limitation in Permit:

Description of the Emergency:

Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

Page 2 of 2

| |
|---|
| Date/Time Emergency started: |
| Date/Time Emergency was corrected: |
| Was the facility being properly operated at the time of the emergency? Y N Describe: |
| Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other: |
| Estimated amount of pollutant(s) emitted during emergency: |
| Describe the steps taken to mitigate the problem: |
| Describe the corrective actions/response steps taken: |
| Describe the measures taken to minimize emissions: |
| If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value: |

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: Tyson Fresh Meats, Inc.
Source Address: Hwy. 35 & 25 Bypass, Logansport, IN
Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710
Part 70 Permit No.: T017-7369-00034

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Report period

Beginning: _____

Ending: _____

Boiler Affected

Alternate Fuel
FromTo

Days burning alternate fuel

| |
|--|
| |
| |
| |
| |
| |

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature: _____

Printed Name: _____

Title/Position: _____

Date: _____

A certification by the responsible official as defined by 326 IAC 2-7-1(34) is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: Tyson Fresh Meats, Inc.
Source Address: Hwy. 35 & 25 Bypass, Logansport, IN
Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710
Part 70 Permit No.: T017-7369-00034

Months: _____ to _____ Year: _____

Page 1 of 2

This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Page 2 of 2

| | |
|--|-------------------------------|
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |
| Permit Requirement (specify permit condition #) | |
| Date of Deviation: | Duration of Deviation: |
| Number of Deviations: | |
| Probable Cause of Deviation: | |
| Response Steps Taken: | |

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.